

IRIS Program Policies

Within these IRIS Program policies, the word “participant” refers to the individual person in the program. The word “participant” also refers to situations where the participant is represented by another recognized decision maker such as in the case of a guardian or durable power of attorney.

IRIS Funding Flexibility

It is the IRIS Program Policy to provide funding for goods, supports or services listed on the participant’s approved Support and Service Plan (Plan). Specifically, the IRIS Program funds are intended to meet the participant’s needs related to his/her long term care related outcomes.

Each participant is informed of the estimate (allocation) of the funding that may be needed to pay for necessary items on his/her IRIS Plan. The participant identifies what goods, supports and services are needed on the Plan to meet his/her long term care related outcomes and which will be funded by IRIS. The cost of a plan that is paid with IRIS funds is referred to as the participant IRIS budget.

Program Startup Timelines

The IRIS Consultant Agency provides individualized assistance and support to IRIS Program participants according to the timelines established by the Wisconsin Department of Human Services. The steps are numbered 1-7 below:

1. The IRIS Consultant Agency Service Center initiates a Welcome Call with the participant within two (2) calendar days of the referral.
2. The participant selects his or her IRIS Consultant.
3. The IRIS Consultant makes the first face-to-face visit with the participant within 14 calendar days of the referral. This visit includes an orientation to the IRIS Program.
4. The IRIS Consultant assists the participant as needed, to create his/her Support and Service Plan within 30 calendar days of the orientation.
5. The IRIS Consultant Agency Plan Specialist reviews and approves the plan within ten (10) calendar days of the plan completion date.
6. The IRIS Consultant Agency sends a letter to each participant that identifies his/her IRIS start date.
7. The IRIS Consultant Agency notifies the Financial Services Agency of approval by sending the approved plan upon completion.

Referral to IRIS Without Starting

The IRIS Consultant Agency will assist people who are referred to the program but decide to before starting the program to withdraw from the planning process. Persons who withdraw before starting the program are referred back to the ADRC so they can receive information on alternate program options. The IRIS Consultant Agency sends a letter to all persons who withdraw before starting in order to confirm the withdrawal.

Conflict of Interest

It is the IRIS Program policy to identify and mitigate situations that may represent a conflict of interest. The policy explains the process to identify a conflict of interest, and identifies options to lessen or remove a conflict. Conflict of interest includes situations that may have the appearance of being a conflict of interest. When a conflict of interest exists, the IRIS Program is required by federal requirements to remove or minimize the conflict. This may require the participant make a different choice related to the provider of supports or services if the conflict of interest cannot be resolved.

A conflict of interest is present when a person, or an agency, is involved in helping a participant make decisions that would benefit the person or agency making the decision. This might mean the person making or guiding the decision receives employment, money, or other gain, such as an offset to a daily living cost. A conflict of interest is more likely to occur when an individual or agency has several roles.

Examples of conflict of interest situations covered by this policy include:

- The guardian or Power of Attorney elects to be a paid service provider for the person for whom he or she is the responsible decision maker.
- An IRIS Consultant assists a participant to make choices about the program, provider or services when the IRIS Consultant also works with the ADRC, or with a Managed Care Organization in the same area.
- An IRIS Consultant has a material interest in a business or provider agency that the IRIS participant might choose.
- The IRIS Consultant Agency, Financial Services Agency, guardian or other person that manages the participant's money also receives material or other benefit as a result of such decision making.
- A person who monitors health and safety of a participant and is also provider of the same service.

IRIS Plan Changes

It is the policy of the IRIS Program to provide a process for participants to update IRIS Support and Service Plans (Plans). Plans are updated when a new good, support, or service is added or changed in order to meet the participant's long term care related needs or outcomes. The plan is also updated at least once each year at the time of the participant's annual review that is coordinated by the IRIS Consultant Agency representative.

Participant Employed Workers: Caregiver Hours Assurances

It is the policy of the Department of Health Services, IRIS Program, to ensure that all federal regulations are met. Relevant federal requirements include:

- Free choice of providers.
- Preventing or mitigating conflict of interest.
- Assuring participant health, safety and welfare.
- Assuring cost effective service provision.

In accordance with 42 CFR §441.302 as well as under the authority of §1915(c) of the Social Security Act and the Department approved 1915 (c) Medicaid Home and Community Based Waiver (IRIS), the Department of Health Services must also establish and implement safeguards to ensure that participant hired workers are qualified and that payments match program financial accountability standards.

This policy communicates expectations for authorizing care giving hours and establishes limits on the hourly rate for the provision of Supportive Home Care (SHC), IRIS Self-Directed Personal Care (IRIS-SDPC) or similar services. This policy is a means to promote consistent interpretation and ensure alignment with IRIS core values including wise use of limited public funding, community integration, and the value and importance of unpaid informal supports. The Caregiver and Criminal Background Check, Conflict of interest documentation, Risk Assessment and Emergency Back-Up Plan contribute to assuring participant health and welfare. Additional IRIS Consultant Agency review and oversight is required of any situation when the number of paid care giving hours exceeds 40 per week.

Participant Employed Workers: Caregiver Background Checks

It is the policy of the IRIS Program to conduct caregiver and criminal background checks on all IRIS participant hired workers or caregivers. The background check also includes consultation with the Office of Inspector General. The background check is completed prior to the worker start date, and every 4 years thereafter. The background check result is shared with the participant employer. In accordance with the Department of Health Services' IRIS Program as approved by the Centers for Medicaid and Medicare Services under Section 1915(c) of the Social Security Act, if a background reveals conviction of an offense listed on the Permanent Bar from Employment as a Caregiver List (below), or if the conviction record is related to the proposed caregiver work duties, worker may not be paid with IRIS funds. If a background check shows conviction of a serious crime not included on the permanent bar list, the participant employer may request that the Department of Health Services determine whether the conviction is substantially related to the proposed worker tasks. Agency based workers have background checks completed by the employing agency. A municipal citation is not considered a criminal conviction.

Permanent Bar from Employment as a Participant Employed Worker List

- First Degree Reckless Homicide, Felony Murder, First or Second Degree Intentional Homicide or Assisting Suicide;
- First, Second or Third Degree Sexual Assault;
- Sexual Exploitation a Therapist or Failure to Report by a Therapist;
- Physical Abuse of a Child – Intentional – Cause Great Bodily Harm;
- Abuse or Neglect of Vulnerable Adults, Patients or Residents (misdemeanor or felony);
- Abuse of a Penal Facility Resident;

- Finding by a Governmental Agency of Neglect or Abuse of a Client or of a Child;
- Misappropriation of a Client's Property;
- Theft, Robbery, Identity Theft or Financial Card Transaction Crimes;
- Certain Drug Crimes;
- Battery (felony); or
- Medicaid Fraud.

This list is a summary of the convictions that represent a *permanent Bar from Employment as an IRIS participant hired caregiver*. Please contact the program for a complete list if needed.

IRIS Plan Submission and Approval

It is the policy of the IRIS Consultant Agency to review all Support and Service Plans (Plans) to ensure consistency and accuracy prior to approval, denial or modification. This policy discusses the development, submission and approval of the IRIS participant's Plan.

The IRIS Consultant and the IRIS Consultant Agency assist the individual to choose which goods supports and services which will assist the participant to achieve his/her long term care related outcomes in a cost effective manner. Chosen goods and services are consistent with the principles of self-determination: including freedom, authority, responsibility, confirmation, and support. The IRIS Consultant provides a link between the goods and services that are being authorized and the participant's individual long term care outcomes. The individual has the opportunity to creatively build the life he or she wants by identifying formal and informal supports that develop meaningful relationships; promote community participation, meaningful employment, safe housing; and finding and keeping reliable community services and supports.

IRIS Participant Business Development

It is the IRIS Program policy to support participants' efforts to create micro-businesses that help meet personal outcomes. The IRIS Program does not endorse, promote or market one businesses of any type over another.

Participants may talk to their IRIS Consultant or call the IRIS Service Center for help to start a business. The Service Center may connect them to a Program Specialist who has experience helping people who are interested in generating income.

The IRIS Program helps participants develop businesses by:

- Identifying how starting a business could meet personal outcomes.
- Providing information and support for participants to explore options and find resources related to starting a business.
- Helping participants to learn about funding options to create, develop and promote a business. This includes using IRIS Program funding, as well as other sources.
- Allowing the business' information to be linked to the IRIS website. This includes the following information:
 - Name.

- Product.
- Brief description.
- Website.

Mileage Reimbursement and Payment

It is the IRIS Program policy to pay mileage costs at the rate established by the federal Internal Revenue Service rate. The IRIS Program applies this rate to an operator who uses his or her vehicle to transport participants as approved on the participant's Support and Service Plan.

The IRIS mileage rate includes the cost of gasoline, oil, insurance and all other car maintenance costs. The mileage rate does not include costs such as:

- Wages paid to the driver.
- Services, for example an attendant or modification of the vehicle, needed to safely transport the participant.

Mileage payment does not apply to:

- Transit authority provided services.
- Transportation to or from Medicaid State Plan Service Providers that are Forward Card covered services are not expenses that can be paid through the IRIS Program. The participant would contact the state's medical transportation contractor to schedule medical trips.

The Internal Revenue Service mileage rate is published at least once a year. It is based on an annual study of the costs of operating a car. This website provides further information related to this rate for mileage reimbursement:

<http://www.irs.gov/newsroom/article/0,,id=216048,00.html>

The IRIS Program changes the mileage rate amount on the participant's Support and Service Plan whenever the Internal Revenue Service rates change.

In-State Moves

It is the policy of the IRIS Program to assist participants who voluntarily move within the State of Wisconsin in a manner to ensure freedom of choice in where to live in the community and also to assure continuity of needed supports and services. The In-State Moves policy matches DHS policy related to the Wisconsin Long Term Care Reform efforts and the gradual implementation of this reform on a county-by-county basis. The policy is intended to provide IRIS participants with complete information related to his or her decision to move. The participant is provided complete information on the impact of a move prior to making his or her decision to move. The policy does not require an IRIS participant to meet minimum stay requirement. Participants should contact their local ADRC for information on moves within Wisconsin.

Involuntary Disenrollment

It is the IRIS Program policy to make reasonable efforts to help a participant to address and resolve issues in order to prevent an involuntary disenrollment whenever possible.

The Wisconsin Department of Health Services (DHS) may involuntarily disenroll a participant from IRIS when:

- One or more of the conditions listed in this policy exist.
- Efforts to resolve the issues are not successful.

If a participant is disenrolled, then the IRIS Consultant Agency works with the participant/guardian and the Aging and Disability Resource Center to transition the participant to other services as appropriate.

Participants may be involuntarily disenrolled from IRIS when one or more of these conditions exist:

- The participant's health and safety is at risk.
- Purchasing authority is mismanaged. For example, this includes but is not limited to:
 - Fraud.
 - Misrepresentation or willful inaccurate reporting of information.
- The participant moves to an ineligible living arrangement.
- The participant resides in a hospital, skilled nursing facility or state institution for longer than three months after the admission date to the facility. Note that if the participant informs the IRIS Program one of these settings will be a permanent living setting, then this is considered a voluntary disenrollment. The participant receives a Fair Hearing Notice related to his or her appeal rights.
- Failure to comply with Medicaid functional or financial requirements. This includes participating in the minimal number of required Support and Service Plan reviews.
- Failure to pay a Medicaid cost share or to meet Medicaid spend-down obligations.
- The participant does not identify a need for any IRIS Program service or support.

Policies related to the IRIS Self-Directed Personal Care Option

IRIS-SDPC Access

It is the policy of the IRIS Program to offer Self-Directed Personal Care services to eligible IRIS participants. The IRIS Consultant Agency strives to assist participants in choosing care options that best meet their individual needs and are most cost effective. The IRIS Consultant Agency assists participants in maximizing Medicaid first to cover their personal care needs.

IRIS-SDPC Representatives

It is the policy of the IRIS Program to ensure that individuals participating in the IRIS Self Directed Personal Care program understand the ability to designate a representative to assist with self directing personal care and the role of this individual in performing these tasks. A representative may not select him/herself to be the IRIS-SDPC worker.

IRIS-SDPC Worker Timekeeping

It is the policy of the IRIS Program to ensure accurate timekeeping and reporting of the IRIS Self Directed Personal Care Registered Nurse (RN) and direct care worker time associated with the provision of IRIS-SDPC services.

IRIS-SDPC Worker Training

It is the policy of the IRIS Program that a participant or representative in the Self-Directed Personal Care (SDPC) program is responsible for hiring, training, and supervising workers providing SDPC services. Participants have access to additional training as needed provided by or through the SDPC RN to meet any additional qualifications that a participant or representative thinks are needed or desired.

IRIS-SDPC Nurse Oversight

It is the policy of the IRIS Program's Self-Directed Personal Care (SDPC) program to provide IRIS SDPC RN Oversight Visits every 60 days. These IRIS SDPC RN Visits may be waived by the participant¹ or representative with agreement from the prescribing physician and IRIS SDPC RN. A participant or representative who chooses the IRIS SDPC option is responsible for hiring, training, and supervising individuals providing his/her personal care services.

IRIS-Self Directed Personal Care Involuntary Disenrollment

It is the policy of the IRIS Program to involuntarily disenroll participants from the IRIS Self-Directed Personal Care program when one or more of the conditions listed in this policy exist and efforts to resolve the issues are not successful. Before involuntary disenrollment begins, reasonable effort is made to assist the participant to address all areas of concern. The

- The participant's health and safety is in jeopardy.
- Purchasing authority is mismanaged. This includes but is not limited to:
 - Fraud.
 - Misrepresentation
 - Inadvertent or mistaken reporting
- The participant chooses to move to an ineligible living arrangement.
- Participant no longer meets eligibility criteria for IRIS-SDPC.

Persons who are disenrolled are supported and are helped to gain access to agency based personal care as appropriate.

¹